

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 03/17/2015
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 295076	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 01/08/2015
NAME OF PROVIDER OR SUPPLIER LIFE CARE CENT-PARADISE VALLEY			STREET ADDRESS, CITY, STATE, ZIP CODE 2325 E. HARMON AVE. LAS VEGAS, NV 89119		
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F 000	INITIAL COMMENTS This Statement of Deficiencies was generated as a result of a complaint investigation conducted in your facility on 1/8/15, in accordance with 42 Code of Federal Regulations (CFR), Part 483, Chapter IV, Requirements for Long Term Care Facilities. The census at the time of the survey was 94. The sample size was 5. Complaint #NV00041455 contained one allegation. The complaint was substantiated. (See Tag 272) The findings and conclusions of any investigation by the Division of Public and Behavioral Health shall not be construed as prohibiting any criminal or civil investigations, actions, or other claims for relief that may be available to any party under applicable federal, state, or local laws.	F 000			
F 309 SS=D	483.25 PROVIDE CARE/SERVICES FOR HIGHEST WELL BEING Each resident must receive and the facility must provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychosocial well-being, in accordance with the comprehensive assessment and plan of care. This REQUIREMENT is not met as evidenced by: Based on interview, clinical record and document review, the facility failed to complete a comprehensive admission assessment for 1 of 5	F 309			2/27/15

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

02/13/2015

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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F 309	<p>Continued From page 1 sampled residents (Resident #1).</p> <p>Findings include:</p> <p>Resident #1</p> <p>Resident #1 was admitted to the facility on 10/5/14, with diagnoses including hypertension, dementia, septic joint, post arthrotomy and synovectomy.</p> <p>The Initial Data Collection/Nursing Service, dated 10/5/14 at 2:00 PM, documented the resident was admitted from home. The form was incomplete and did not include the facility representative's or resident/family member's signature. The following assessment areas were not fully completed:</p> <ul style="list-style-type: none"> - The form included a question, "If admitted to the hospital in last 30 days, why?"; was blank. - The following assessment areas were not fully completed; height, weight, cognitive status, neurological, respiratory, cardiovascular, gastrointestinal and skin condition. - The question, "Is there anything further that you would like us to know about a particular medication, how it is administered or a specific response to a medication?" was blank. <p>A Nursing Note dated 10/5/14, documented the resident was admitted from home accompanied by the resident's son. A PICC (Peripherally Inserted Central Catheter), soft cast and stitches were noted to the right arm.</p> <p>A History and Physical from an acute care hospital dated 9/18/14, documented the resident had been admitted to the hospital with a right septic wrist infection. An arthrotomy was performed with drainage and synovectomy.</p>	F 309			

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F 309	<p>Continued From page 2</p> <p>Mobility and cognitive impairments were noted with a plan for rehabilitation. The resident medications included Unasyn 3 grams IV (Intravenous) every 6 hours.</p> <p>The Discharge Patient Medication List from an acute care hospital dated 10/3/14, page 1 of 2 was included in the clinical record. Ten oral medications were listed on page 1. Page 2 was not in the clinical record.</p> <p>A Discharge Instruction Sheet from an acute care hospital dated 10/3/14, indicated the resident had metabolic encephalopathy and was discharged to home with home health care services.</p> <p>A History and Physical dated 10/5/14, documented Resident #1 had been admitted from an acute care facility following an arthrotomy and sepsis. The physician documented Resident #1 finished antibiotics at the acute care hospital.</p> <p>The clinical record lacked documented evidence to support the physician contacted the acute care facility and or family to obtain the resident's discharge summary and medication plan.</p> <p>Admission Orders dated 10/5/14, did not include PICC line care.</p> <p>A Physician Post Acute Progress Note dated 10/7/14, documented the family expressed concern over not continuing antibiotic therapy. Diagnoses included septic arthritis with a WBC (White Blood Count) of 11.</p> <p>A Physician Post Acute Progress Note dated 10/8/14, documented CRP (C-Reactive Protein) of 65.8 (Normal range 0-5), no hospital records to</p>	F 309			

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F 309	<p>Continued From page 3 compare.</p> <p>A Physician Order dated 10/8/14, included Unasyn (antibiotic) 3 grams every six hours for septic arthritis and an infectious disease consultation. The following was noted on the order, "Pharmacy Do Not Send IV Family to Supply."</p> <p>Resident #1's Medication Administration Record (MAR) dated 10/2014, indicated Unasyn 3 grams had been administered on 10/9/14 at 12:00 PM and 6:00 PM.</p> <p>Nursing Documentation dated 10/7/14, documented Resident #1's son inquired why the resident had not been receiving antibiotic therapy from the date of the admission to the facility to treat right wrist sepsis. The nurse documented the physician group was notified and ordered laboratory testing.</p> <p>The clinical record lacked nursing documentation for 10/8/14.</p> <p>Licensed Practical Nurse (LPN) #1's documentation dated 10/9/14, indicated Resident #1's children brought in IV Antibiotics which had been delivered to the home upon hospital discharge. The facility's Pharmacy Representative indicated IV medications from home could have been administered at the facility.</p> <p>Nursing documentation dated 10/10/14 at 12:00 AM, documented Resident #1 expired.</p> <p>On 1/8/15 at 9:45 AM, LPN #1 remembered Resident #1's family brought IV antibiotics,</p>	F 309			

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F 309	<p>Continued From page 4</p> <p>alcohol wipes, and supplies to the nurses station on 10/9/14 and expressed frustration the IV antibiotics had not been administered. LPN #1 indicated the family reported they had brought the IV antibiotics to the facility before and another nurse instructed them to return the medication to the supplying pharmacy and request a refund. The family reported the pharmacy denied the request so the family kept the medication.</p> <p>On 1/8/15 at 10:25 AM, the RN (Registered Nurse) Charge Nurse reported the family brought IV antibiotics to the facility prior to 10/9/14 and she told the family to return the antibiotics to the supplying pharmacy. The RN Charge Nurse acknowledged the information had not been documented in Resident #1's record.</p> <p>On 1/8/15 at 11:04 AM, the RN from the facility's pharmacy indicated unfamiliarity with the facility's policy regarding accepting medications from another pharmacy. The RN remembered being asked whether outside medications could be administered and replying it would have been up the facility not the pharmacy.</p> <p>On 1/8/15 at 12:41 PM, a Physician from the facility's Admitting Hospital Group reported it had been assumed the physician who admitted Resident #1 had read the hospital discharge summary.</p> <p>On 1/8/15 in the afternoon, the resident's Medical Power of Attorney indicated the initial plan was to administer the IV antibiotics at home. Once care began, the family and resident felt it was best to admit the resident to a skilled nursing facility until the antibiotic treatment was finished on 10/11/14.</p>	F 309			

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F 309	<p>Continued From page 5</p> <p>On 1/8/15 in the afternoon, Resident #1's family member who participated in the admission process provided the following information. During the admission process, facility staff was provided information from the hospital and shown pictures of all the medications and IV labels. The family offered to bring the IV antibiotics to the facility and was told the facility's pharmacy would provide them. The family assumed the resident was receiving antibiotics until the resident began acting out of character and insisted the facility was not providing IV care. Facility staff confirmed IV antibiotics had not been administered on 10/7/14. The family brought the IV medication to the facility on 10/9/14 when the facility explained the antibiotic therapy had not been started.</p> <p>On 1/8/15 at 3:20 PM, the Admissions Director (AD) reported the facility had a Nurse Clinical Liaison (NCL) who met and screened Resident #1 and was provided information by the resident's Hospital Physician on 10/2/14. Resident #1's medical case was reviewed and the AD determined Resident #1 would have been appropriate for admission. The AD reported the NCL indicated the family decided to take the resident home. On 10/5/14, the AD was informed Resident #1's family admitted the resident over the weekend for IV antibiotic care.</p> <p>Review of Resident #1's clinical record lacked evidence to confirm a complete nursing assessment had been conducted and signed by a RN when the resident was admitted on 10/5/14.</p> <p>The facility's "Admissions-General Policy, updated, documented:</p> <p>'...Prior to admission, residents will be evaluated</p>	F 309			

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F 309	<p>Continued From page 6</p> <p>as to physical, emotional, and social need, if possible.</p> <p>Pre-admission screening are performed by qualified health care personnel to ensure resident needs and concerns can be adequately met..</p> <p>...Residents will only be admitted through a written order from the physician...</p> <p>...Health Referral form submitted by the attending physician will contain medical findings, diagnosis, treatment to follow, prescribed diet, medication/treatment orders, resident's functional state, long or short term goals, rehabilitation potential, and signed orders for immediate care. These should be available at the time of admission..."</p> <p>Complaint #NV00041455</p>	F 309			